

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.
19/890319
APPLICANT

FILED DATE

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DER.	IND.	DER.	IND.	DER.	
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TOTAL IND.	17		4		4		
TOTAL DER.	31		11		11		
TOTAL CLAIMS	38		15		15		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY